

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1603	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA		STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical plant.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation of the corridor next to room 234 on 8/2/10, at 8:53 a.m., revealed corridor's ceiling was cracked. Tennessee department Of Health (TDOH) 1200-8-6-.08(2) 2. Observation of Residents' room 359 on 8/2/10, at 9:17 a.m., revealed the ceiling was water stained. TDOH 1200-8-6-.08(2) 3. Observation of Residents' room 362 on 8/2/10, at 9:25 a.m., revealed the bathroom door was sticking to the door frame. TDOH 1200-8-6-.08(2) 4. On 8/2/10, at 9:55 a.m., observation of the corridor's ceiling located next to the East Wing front shower revealed mold on the ceiling. TDOH 1200-8-6-.08(2) <p>These findings were acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10.</p>	N 832	<p>1) It is the practice of Life Care Center of Tullahoma to maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of residents is assured. The cracked ceiling in the corridor next to room 234 was repaired by 08/20/2010. The stain in room 359 was repaired by 08/20/2010. The bathroom door of room 362 was repaired by 08/20/2010. The corridor ceiling next to the East Wing front shower room was repaired on 08/20/2010.</p> <p>2) Environmental Services Director inspected ceilings and doors throughout the facility to ensure any issues had been noted on 08/02/2010.</p> <p>3) Environmental Services Director and Maintenance Assistant will perform weekly ceiling and door inspections for eight weeks and make necessary corrections to ensure compliance.</p> <p>4) Environmental Services Director or Executive Director will report occurrence and results of weekly ceiling and door inspections to the interdisciplinary quality improvement committee for review and possible intervention.</p>	08/20/10

Division of Health Care Facilities

Kan Gwile
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Executive Director

(X5) DATE
08/20/10

STATE FORM

6800

UF2121

If continuation sheet 1 of 1